

NOTE: Submit an original and one copy for every serial or subserial which reaches any stage of identification and testing.

1. PAGE OF

2. LICENSE OR PERMIT NO.

3. NAME & MAILING ADDRESS OF LICENSEE OR PERMITTEE (Include ZIP code)

4. FILL DATE

5. PRODUCT CODE NO.

6. EXPIRATION DATE

7. SERIAL OR SUBSERIAL NO.

8. TRUE NAME OF PRODUCT

9. TEST DATA (For additional test data, use APHIS FORM 2008A)

[illegible]

10. INVENTORY FOR RELEASE (Use a separate line for each size container)

11.REMARKS

NO. OF CONTAINERS (A)	CONTAINER SIZE (DOSES, ML. OR UNITS) (B)	TOTAL DOSES, ML. OR UNITS (C)
TOTAL		TOTAL

10. DISPOSITION BY FIRM

☐ ELIGIBLE FOR RELEASE

☐ DESTROYED

☐ TO BE REPROCESSED AND RETESTED☐ OTHER (Explain) _____

13. SIGNATURE (Authorized Firm Representative)

14. TITLE

15. DATE _____

16. DISPOSITION BY APHIS

☐ NOT TO BE TESTED☐ TESTING COMPLETED. SATISFACTORY☐ TESTING COMPLETED, UNSATISFACTORY (*Explain*)☐ OTHER (Explain)

17. SIGNATURE (Authorized APHIS Representative)

18 TITLE

19 DATE

